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TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
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SUBJECT: **PSYCHIATRIC EMERGENCY SERVICES (PES) AND INPATIENT PSYCHIATRIC UNITS AT DHS' HOSPITALS**

On November 3, 2004, The Board approved a motion by Supervisor Zev Yaroslavsky, instructing the Directors of Health Services and Mental Health to assess the factors leading to the increased demand on the psychiatric emergency rooms and inpatient psychiatric units at the DHS hospitals and; to develop a plan to immediately address the increased demand on the psychiatric emergency rooms and inpatient units.

1. FACTORS LEADING TO THE INCREASED DEMAND ON THE PSYCHIATRIC EMERGENCY SERVICES (PES) AND INPATIENT PSYCHIATRIC UNITS AT THE DHS HOSPITALS

Currently, the County records close to 2,000 patient visits at its psychiatric emergency services each month. These increases stem primarily from increased referrals by Law Enforcement, Psychiatric Mobile Response Teams (PMRT), and private hospitals. Difficulties with full access to other psychiatric emergency and inpatient services within Los Angeles County (LAC) exacerbate this situation. Finally, the numbers of medically uninsured individuals in LAC with high medical, psychiatric, and social needs have risen significantly over the last 15 years, but no corresponding increases in public psychiatric emergency or inpatient services have been undertaken.

Increased referrals to the PES have consequently led to an increased demand for acute psychiatric inpatient treatment at the County Hospitals. Concurrently, 223 private psychiatric inpatient beds have closed throughout Los Angeles, and an additional 59 beds were downgraded from designation as Lanterman-Petris-Short involuntary treatment beds to voluntary treatment beds, since January 1, 2004.

Additionally, limited resources, including State Hospital and Institutions for Mental Disease (IMD) beds have made patient discharge to appropriate community resources extremely challenging. Up to 30% of the County's inpatient psychiatric beds are filled with patients who no longer require acute care, but need discharge to a lower level of care (LLOC) facility. However, specific barriers to discharge planning exist for patients who fall under one or more of the following categories: pregnant, undocumented, uninsured, without Social Security benefits, severe aggressive/assaultive behavior, history of fire-setting, criminal history, homeless, co-occurring substance abuse (COSA), awaiting conservatorship and court dates, adolescents and children.

The shift in the focus of resources is the result of a shifting treatment philosophy within the mental health community of LAC and California, which emphasizes community care, away from institutional treatment. Unfortunately, this shift occurred without having sufficient bridge programs in place for patients who currently utilize inpatient care, and who, in the absence of these bridge programs, continue to cycle through the PES. However, with the passage of Proposition 63, additional resources to realize system changes to address this and other long-standing deficiencies will now be forthcoming.

2. PLAN TO IMMEDIATELY ADDRESS THE INCREASED DEMAND ON THE PSYCHIATRIC EMERGENCY SERVICES (PES) AND INPATIENT UNITS

The Departments of Health Services (DHS) and Mental Health (DMH) have been engaged in a collaborative workgroup over the last 18 months, which led to a number of specific recommendations to address the increased demand (Attachment). Some of the recommendations of the collaborative workgroup have already been implemented, while others are to be implemented on schedule within the next 60 days.

Recently implemented measures to decrease the daily census include the establishment of temporary weekend urgent care services (UCS) at Augustus F. Hawkins Mental Health Center (AFHMHC), utilizing existing DMH staff working overtime, to divert patients with a lower level of care service need from the PES. These services were complemented by the on-site availability of drug and alcohol treatment referral counselors on weekends to the PES andUCS. Furthermore, DHS has begun to directly link community-based drug and alcohol treatment referral programs with the hospital social work and discharge planning staff for the purpose of disposition of eligible clients to community-based substance abuse treatment programs. DHS and DMH have jointly conducted two series of grand rounds at all four County Hospitals to assist with the discharge of hardest to place patients, who fill needed acute beds, while no longer requiring acute inpatient treatment. While these grand rounds facilitate placement of patients at the appropriate level of care, they also assist with identification of gaps and barriers in the system.

The following measures are scheduled for implementation within the next 60 days:

1. Pending approval of the PES Relief Plan Board Letter of November 16, 2004:
   - A significant number of indigent psychiatric beds will be purchased in private hospitals.
   - DMH contracts for short-term crisis residential and psychiatric health facility beds will be augmented to increase access for uninsured individuals from DHS' PES and inpatient units.
   - PES in each DHS hospital will be enhanced with additional staff.
   - DHS and DMH liaisons will be established in DHS hospitals to work collaboratively to secure outpatient mental health services and other community resources needed to facilitate discharge from the PES and inpatient units.
   - The temporary UCS at AFHMHC will be developed into an ongoing program.
   - A Crisis Stabilization Unit with 24/7 availability will be implemented. While located at the AFHMHC, on the campus of the King Drew Medical Center, the Crisis Stabilization Unit will be available to all four County psychiatric emergency rooms. It is anticipated that this unit will be particularly utilized by the County hospitals most contiguous to the King Drew Medical Center, and will significantly assist with the decompression of the PES, by creating an important venue for patient disposition.

2. Up to 30 additional IMD beds will be purchased for the remainder of this fiscal year for use by DHS hospitals.

3. Two Deputy Public Guardians will be dedicated to the DHS hospitals to assist with the timely processing of conservatorship applications and transfers of patients on temporary conservatorships to LLOC.

4. DHS will implement Phase III of the Diversion Program to improve patient flow through the Medical Alert System (MAC). Along with this final phase, and pending Board approval of funding for private inpatient hospital beds (as noted above), the MAC system will be used to move patients needing psychiatric inpatient care from the crowded psychiatric emergency rooms to private inpatient hospitals.

5. DHS and DMH have also held and scheduled a series of meetings with the Social Security Administration and the Department of Public Social Services to implement the application and expedient processing of social security benefits for all eligible patients on the psychiatric inpatient units. This will broaden the placement options for those patients who are currently competing for the very limited number of indigent funded community beds.

Next steps include planning for expansion of the UCS pilot program at AFHMHC and Crisis Stabilization programs to other geographic areas as appropriate, with priority to the San Fernando and Antelope Valleys. Another step will be a re-evaluation of Law Enforcement and the Mental Health system, and issues related to psychiatric care for children and adolescents. Further, the Departments are planning to work with the courts on the permission to perform medical tests necessary for patient placement in lower levels of care (e.g., TB), as well as permission for County psychiatrists to conduct their court appearances via video or on-line through the internet. We will also explore feasibility of a

mini medical/psych unit for patients with medical and psychiatric diagnoses. Furthermore, we will assess on a longer term basis the need for increased public psychiatric emergency and inpatient resources.

DHS and DMH will urge the DMH Stakeholders to consider filling the following services gaps, when planning for upcoming Proposition 63 Mental Health Initiative funding:

- Expanded assertive community treatment resources to accommodate persons who are frequent users of the County's psychiatric emergency and inpatient services, the majority of whom are uninsured.
- Assessment and improvement of the balance of mental health services among community clinics, residential care, IMDs, long stay and acute inpatient resources, and emergency evaluative and stabilization services.
- Housing vouchers to assist homeless patients being discharged from PES care.
- The need for psychiatric outpatient services at Olive View Medical Center
- Additional urgent care clinics with weekend and extended-hour capacity available for PES diversion strategically situated in other areas of the County.
- Enhanced Public Guardian Services.
- Increased number of Alcohol and Drug service slots for COSA patients.

The Departments of Health Services and Mental Health will report to your Board periodically on the status of these cooperative initiatives addressing the serious problems facing the DHS psychiatric emergency and inpatient services.

TLG:MJS:pp
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Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

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